



Docket No. 1117d

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Joseph M. Christie, et al.

Application No.: 10/635,664

Group: 2661

Filed: 08/06/2003

Examiner:

For: NUMBER PORTABILITY IN A COMMUNICATIONS SYSTEM

Mailstop: Non-Fee Amendment

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

Preliminary Amendment

Please amend the above referenced patent application as follows:



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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/635,664; Confirmation No. 8889	
	Filing Date	08/06/2003	
	First Named Inventor	Christie	
	Art Unit	2661	
	Examiner Name		
Total Number of Pages in This Submission	6	Attorney Docket Number	1117d

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Application Data Sheet (1 page); red-lined copy of Filing receipt showing correction in Domestic Priority (2 pages)
Remarks		
It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 21-0765 for the required fees.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Michael J. Setter, Reg. 37,936	
Signature		
Date	12-5-03	

CERTIFICATE OF MAILING			
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Typed or printed name	Laura S. Mellblom		
Signature		Date	12-5-03

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